

# DISCLOSURE DIVISION

- ☒ **WAIVER REQUEST**  
☐ **ANSWER**  
☐ **RECONSIDERATION REQUEST**  
☐ **UNTIMELY**

DATE: 10/30/2020

DOCKET #: 2020-836

Ashley Wimberley, Director  
Disclosure Division

## FILER INFORMATION

Name: Mr. Jose Massingue  
Address: 6100 N. Rampart St., New Orleans, LA 70117-2154  
Office/Position: Homer A Plessy Community School Board Member/New Orleans  
Dates of Service: 2014-2018 (2018 Final)  
Number of Disclosures and/or Amendments Filed with Agency: 5

## REPORT INFORMATION

Name of Report: Tier 3 Annual Personal Financial Disclosure covering calendar year 2018  
Report ID: PFD20009564  
Original Due Date: 5/15/2019  
NOD Received: 7/8/2019 - Signed by: Jose Massingue  
PFD/Answer Due Date based on NOD: 7/17/2019  
PFD/Answer Filed: 8/22/2020

## LATE FEE INFORMATION

Amount of Late Fee: \$1500  
Days late from receipt of NOD: 402  
Total days late from initial due date: 465  
Late Fee Order Received: 9/30/2020  
Payment/Waiver Request Due Date: 10/20/2020  
Waiver Request Received: 10/7/2020

## COMMENTS:

Jose Massingue is requesting a waiver for the late filing of his final PFD. Mr. Massingue stated he was a Homer Plessy School Board Member for four years and consistently filed his Tier 3 PFD Statement timely. He stated his disclosures had always been submitted by a "third-party company" who handled the administrative tasks for the school and the disclosures were always filed simultaneously. As usual, he submitted his 2018 disclosure to the same third-party company as he had done in previous years, but for some unknown reason, the disclosure did not make it to the BOE office. Mr. Massingue stated he was unaware the disclosure was not filed with our agency, nor was it his intent to purposely not file the PFD. He asks the Ethics Board to waive the late fee, as it would create an undue economic burden during these uncertain financial times.

\*This is Mr. Massingue's first late filing and first late fee assessment.

- 10-30-2020, req. financial info.

## OTHER LATE FEE INFORMATION

### Disclosure Statements:

- Other Outstanding Statements: No
- Other Outstanding Late Fees: No
- Prior Late Fees: No
- Reassessed Late Fees: No

### Campaign Finance:

- Outstanding Late Fees: No
- Prior Late Fees: No

## Jose Massingue

6100 North Rampart Street  
New Orleans, Louisiana 70118

October 7, 2020

Louisiana Board of Ethics  
Post Office Box 4368  
Baton Rouge, Louisiana 70821

Re: Late Fee Assessment - Report PFD20009564

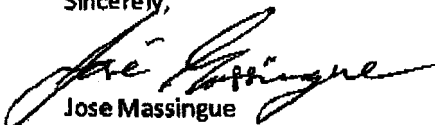
Dear Sir or Madame:

I am writing to request a waiver of the late fee assessed for failure to timely file a Tier 3 Annual Personal Financial Disclosure Statement for calendar year 2018.

As a Board Member for Hommer Plessy Community School for four years, I consistently filed my Tier 3 disclosure statement in a timely manner. The filing has always been done through a third-party company who handles the administrative tasks of the school. That way the Board's filings are always done simultaneously. As usual, I submitted the disclosure statement in question to the same third-party company that I had in previous years, and for some reason unbeknownst to me, the disclosure did not make it to your office. Because my failure to file was not purposeful or known to me, I ask that you waive the late fee, which would create an undue economic burden during these financially uncertain times.

Should you have any questions, please do not hesitate to contact me at your convenience.

Sincerely,



Jose Massingue



STATE OF LOUISIANA  
DEPARTMENT OF STATE CIVIL SERVICE  
**LOUISIANA BOARD OF ETHICS**  
P. O. BOX 4368  
BATON ROUGE, LA 70821  
(225) 219-5600  
FAX: (225) 381-7271  
1-800-842-6630  
[www.ethics.la.gov](http://www.ethics.la.gov)

October 30, 2020

Jose Massingue  
6100 N. Rampart St.  
New Orleans, LA 70117-2154

RE: Request for Additional Information  
Tier 3 Annual Personal Financial Disclosure Statement  
Report ID# PFD20009564  
Waiver Request

Dear Mr. Massingue:

On October 7, 2020, you requested a waiver of the \$1,500 late fee that was issued in connection with the filing of the above referenced disclosure statement.

In your request, you state that the imposition of the late fee creates a financial hardship. If you would like the Board to consider the request as stated, you must complete the enclosed Financial Statement Form and return it together with documentation to support and verify your claim. The documentation must be received by this agency on or before **November 30, 2020**.

If you have any questions, or need clarification on what to submit, you may contact me at 1-800-842-6630 or 225-219-5600.

Sincerely,

Tracy Barker  
Deputy General Counsel

# Financial Statement for \_\_\_\_\_ (Filer Name)

Married: ☐ Yes ☐ No

Spouse's name (if applicable): \_\_\_\_\_

## Dependents (include claimed dependents and other persons living in your household):

Name	Age	Relationship	Contributes to household income?
			<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No

## Employment of Filer and Spouse

Filer / Spouse	Name of Employer	Occupation	Frequency of Payment (weekly, monthly, etc.)	Ownership Interest in Employer? If "Yes", percentage of ownership, type of business (ie: sole proprietorship, C corporation, subchapter S, LLC, etc), and position with company (ie: officer, director, partner, etc.)
<input type="radio"/> Filer <input type="radio"/> Spouse				<input type="radio"/> Yes % ownership: _____ <input type="radio"/> No Business Type: _____ Position: _____
<input type="radio"/> Filer <input type="radio"/> Spouse				<input type="radio"/> Yes % ownership: _____ <input type="radio"/> No Business Type: _____ Position: _____
<input type="radio"/> Filer <input type="radio"/> Spouse				<input type="radio"/> Yes % ownership: _____ <input type="radio"/> No Business Type: _____ Position: _____
<input type="radio"/> Filer <input type="radio"/> Spouse				<input type="radio"/> Yes % ownership: _____ <input type="radio"/> No Business Type: _____ Position: _____

Cash and Investments over \$1,000 (select all that apply): ☐ Cash ☐ Checking ☐ Savings ☐ MoneyMarket ☐ CD

## Property in which own or are buying (if additional space is needed, include as an attachment)

Property description (residential, commercial, farmland, investment, etc.)	Location (parish/county and state)

## Required Attachments:

- Monthly Household Income/Expense Form
- Copy of most return tax return/schedules filed by filer, spouse and/or business
- Most recent bank statements for checking and savings disclosing balance of accounts

I hereby certify that the above-provided information and attachments are true and correct to the best of my knowledge, information and belief.

Signature \_\_\_\_\_

Date \_\_\_\_\_

# MONTHLY HOUSEHOLD INCOME/EXPENSE FORM for \_\_\_\_\_ (Filer Name)

## Monthly Household Income

Income Type		Monthly Amount
Filer	Gross Wages	
	Social Security	
	Pension	
	Other Income	
	Withholdings	
Spouse	Gross Wages	
	Social Security	
	Pension	
	Other Income	
	Withholdings	
Dependents	Contribution to Household Income	
Interest/Dividends/Distributions from Investments		
Rental Income		
Income from Business		
Child Support		
Alimony		
<b>Total Monthly Income</b>		

## Monthly Household Expenses

Expense Type		Monthly Amount
Housing (mortgage or rent)		
Vehicle (loan or lease)		
Public Transportation Costs		
Health Insurance		
Court-ordered expenses		
Student loans		
Other Loans - provide description		
Utilities		
Food, personal products, etc.		
Childcare		
Other Expenses	(Provide Description)	
<b>Total Monthly Expenses</b>		